

**ARIZONA DEPARTMENT OF WATER RESOURCES**  
**WATER MANAGEMENT DIVISION**  
**MAIL TO: P.O. BOX 33589, PHOENIX, ARIZONA 85067-3589**  
**3550 North Central Avenue, Phoenix, Arizona 85012**  
**Phone (602) 771-8585 • Fax (602) 771-8688**

**APPLICATION FOR PERMIT TO WITHDRAW POOR QUALITY GROUNDWATER  
WITHIN AN ACTIVE MANAGEMENT AREA (A.R.S. § 45-516)**

**I. INSTRUCTIONS**

1. **COMPLETE ALL APPROPRIATE ITEMS ON THIS APPLICATION AND PROVIDE REQUIRED SIGNATURE(S).**
2. **Mail to P.O. Box 33589, Phoenix, Arizona 85067-3589 or deliver in person to the above address.**
3. **Pursuant to A.R.S. § 45-113, the application fee is \$150.00, and the permit fee is \$50.00. You may submit payment for both fees at the time of filing the application.**
4. **Use explanatory section on back for clarification if necessary.**
5. **This application should be used to obtain a permit to:**
  - a. **Withdraw poor quality groundwater to fill or refill a body of water (an Application for Permit to Use Water to Fill or Refill a Body of Water, DWR form 55-98, is also required).**
  - b. **Withdraw poor quality groundwater which, because of its quality, has no other beneficial use.**
6. **Withdrawal of groundwater must be consistent with the management plan of the Active Management Area.**

FOR DEPARTMENT USE ONLY	
Application/Permit No. _____	
Filed _____	
AMA _____	
S/B _____	W/S _____

**II. GENERAL DATA:**

**Please check one:**

- **New Application**
- **Renewal of Permit No. 59-\_\_\_\_\_.**
- **Modification of Permit No. 59-\_\_\_\_\_.**

**1. NAME OF APPLICANT:**

Name			Contact Person	
Mailing Address				
City	State	Zip Code	Phone Number	E-mail Address

**2. NAME OF LANDOWNER where groundwater will be withdrawn:**

Name			Contact Person	
Mailing Address				
City	State	Zip Code	Phone Number	E-mail Address

- 3. Groundwater will be withdrawn within the \_\_\_\_\_ sub-basin of the \_\_\_\_\_ Active Management Area.**

4. NAME OF OWNER OF WELL(S):

Name			Contact Person	
Mailing Address				
City	State	Zip Code	Phone Number	E-mail Address

5. Name of facility or body of water where water will be used (if applicable)\_\_\_\_\_

6. State the specific purpose for which groundwater will be withdrawn:\_\_\_\_\_

7. Location of facility or body of water (if applicable) \_\_\_\_\_ ¼ \_\_\_\_\_ ¼ \_\_\_\_\_ ¼ Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_, \_\_\_\_\_ AMA.

8. (Check) Order for remedial action attached.

EPA Identification No: \_\_\_\_\_ EPA Program Name: \_\_\_\_\_

Contract No: \_\_\_\_\_ (Federal) \_\_\_\_\_ (State)

Other identification: \_\_\_\_\_

9. Groundwater to be withdrawn by means of:

A. WELLS ALREADY IN EXISTENCE:

Registration No.	Location	Depth	Diameter of Casing	Casing Material
55- _____	_____	_____	_____	_____
55- _____	_____	_____	_____	_____

B. WELLS TO BE NEWLY CONSTRUCTED:

Complete and attach Well Construction Supplement, DWR form 55-90, for each new well to be drilled.

10. (Check) Test results attached that show that water is of such poor quality that it cannot be used for another beneficial use without treatment.

11. (Check) Result of economic feasibility study attached to show that it is not economically feasible to treat water and transport it for another beneficial use.

12. Explain applicant's plans to beneficially use the water: \_\_\_\_\_

13. Explain how the withdrawal of groundwater under this application is consistent with the management plan for the Active Management Area:

14. Estimated quantity of the source of poor quality groundwater: \_\_\_\_\_ acre-feet.

15. Annual amount of poor quality groundwater to be withdrawn:\_\_\_\_\_ acre-feet.

16. Request is for \_\_\_\_\_ years (maximum 35 years subject to earlier termination by the Department).

It is understood that the Permit, if granted, will be issued in accordance with the Groundwater Code (Title 45, Chapter 2). The permittee will be bound by the provisions of such law and the provisions of the Permit issued.

I (we), \_\_\_\_\_ hereby affirm that all information provided in this application is true and  
(print name) correct to the best of my/our knowledge and belief.

Signature of Applicant(s) \_\_\_\_\_ Date \_\_\_\_\_